

# **EXHIBIT A**

**NOTICE: Pursuant to TRCP 126: Statement of Inability to Afford Payment  
of Court Costs or an Appeal Bond filed = NO**

**C-3468-17-G**

**370TH DISTRICT COURT, HIDALGO COUNTY, TEXAS  
CITATION**

**THE STATE OF TEXAS**

**NOTICE TO DEFENDANT:** You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty (20) days after you were served with this citation and petition, a default judgment may be taken against you.

**MESA UNDERWRITERS SPECIALTY INSURANCE COMPANY  
40 WANTAGE AVENUE  
BRANCHVILLE, NJ 07890**

**BY SERVING ITS REGISTERED AGENT:**

**COMMISSIONER OF INSURANCE  
333 GUADALUPE STREET, TOWER ONE, FLOOR 13  
AUSTIN, TEXAS 78701**

You are hereby commanded to appear by filing a written answer to the **PLAINTIFF'S ORIGINAL PETITION** on or before 10:00 o'clock a.m. on the Monday next after the expiration of twenty (20) days after the date of service hereof, before the **Honorable Noe Gonzalez, 370th District Court** of Hidalgo County, Texas at the Courthouse at 100 North Closner, Edinburg, Texas 78539.

Said petition was filed on this the 1st day of August, 2017 and a copy of same accompanies this citation. The file number and style of said suit being **C-3468-17-G, SUK BIN KIM VS. MESA UNDERWRITERS INSURANCE COMPANY, REUBEN QUINTERO**

Said Petition was filed in said court by Attorney ROBERT ANDREW POLLON, 16500 SAN PEDRO SUITE 302 SAN ANTONIO TX 78232.

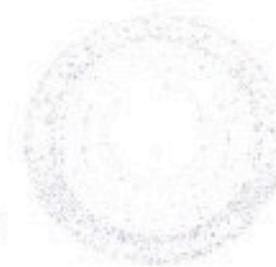
The nature of the demand is fully shown by a true and correct copy of the petition accompanying this citation and made a part hereof.

The officer executing this writ shall promptly serve the same according to requirements of law, and the mandates thereof, and make due return as the law directs.

**ISSUED AND GIVEN UNDER MY HAND AND SEAL** of said Court at Edinburg, Texas on this the 10th day of October, 2017.

**LAURA HINOJOSA, DISTRICT CLERK  
100 N. CLOSNER, EDINBURG, TEXAS  
HIDALGO COUNTY, TEXAS**

**KIMBERLY HINOJOSA, DEPUTY CLERK**



**C-3468-17-G**  
**OFFICER'S RETURN**

Came to hand on \_\_\_\_\_ of \_\_\_\_\_, 201\_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_.m. and executed in \_\_\_\_\_ County, Texas by delivering to each of the within named Defendant in person, a true copy of this citation, upon which I endorsed the date of delivery to said Defendant together with the accompanying copy of the \_\_\_\_\_ (petition) at the following times and places, to-wit:

NAME	DATE	TIME	PLACE

And not executed as to the defendant, \_\_\_\_\_ the diligence used in finding said defendant, being: \_\_\_\_\_ and the cause of failure to execute this process is: \_\_\_\_\_ and the information received as to the whereabouts of said defendant, being: \_\_\_\_\_. I actually and necessarily traveled \_\_\_\_\_ miles in the service of this citation, in addition to any other mileage I may have traveled in the service of other process in the same case during the same trip.

Fees: serving ... copy(s) \$\_\_\_\_\_  
miles .....\$\_\_\_\_\_

---

**DEPUTY**

**COMPLETE IF YOU ARE PERSON OTHER THAN A SHERIFF,  
CONSTABLE OR CLERK OF THE COURT**

In accordance to Rule 107, the officer or authorized person who serves or attempts to serve a citation must sign the return. If the return is signed by a person other than a sheriff, constable or the clerk of the court, the return must either be verified or be signed under the penalty of perjury. A return signed under penalty of perjury must contain the statement below in substantially the following form:

"My name is \_\_\_\_\_, my date of birth is \_\_\_\_\_ and the address is \_\_\_\_\_, and I declare under penalty of perjury that the foregoing is true and correct.

EXECUTED in \_\_\_\_\_ County, State of Texas, on the \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_.

---

**Declarant"**

---

If Certified by the Supreme Court of Texas  
Date of Expiration / SCH Number

CAUSE NO. C-3468-17-G

Suk Bin Kim	§	IN THE COURT OF
	§	
Plaintiff,	§	
VS.	§	HIDALGO COUNTY, TEXAS
	§	
Mesa Underwriters Insurance Company, Reuben	§	
Quintero	§	
Defendant.	§	370TH DISTRICT COURT

AFFIDAVIT OF SERVICE - CERTIFIED MAIL

On this day personally appeared Raul M. Davila who, being by me duly sworn, deposed and said:

"The following came to hand on Sep 09, 2017, 03:45 pm,

PLAINTIFF'S ORIGINAL PETITION, REQUESTS FOR DISCLOSURES, AND FIRST SET OF REQUESTS FOR PRODUCTION,

and was executed on 10/19/2017 by mailing to Mesa Underwriters Specialty Insurance Company by Serving its Registered Agent Commissioner of Insurance at 333 Guadalupe Street, Tower One, Floor 13, Austin, Texas 78701, by regular mail and by Certified Mail, Return Receipt Requested, Receipt No. 7017 0530 0000 5631 8994, a true copy of this citation.

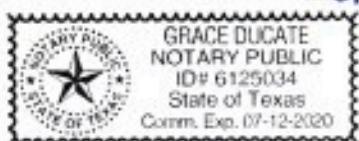
The regular mail envelope was not returned. PS Form 3811 was returned on 10/21/2017 having been Signed on 10/19/2017 and is attached hereto.

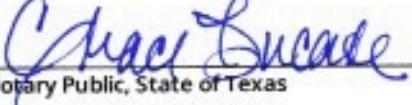
I am a person over eighteen (18) years of age and I am competent to make this affidavit. I am a resident of the State of Texas. I am familiar with the Texas Rules of Civil Procedure as they apply to service of Process. I am not a party to this suit nor related or affiliated with any herein, and have no interest in the outcome of the suit. I have never been convicted of a felony or of a misdemeanor involving moral turpitude. I have personal knowledge of the facts stated herein and they are true and correct."

  
Raul M. Davila  
SCH-11624 Exp. 08/31/2018

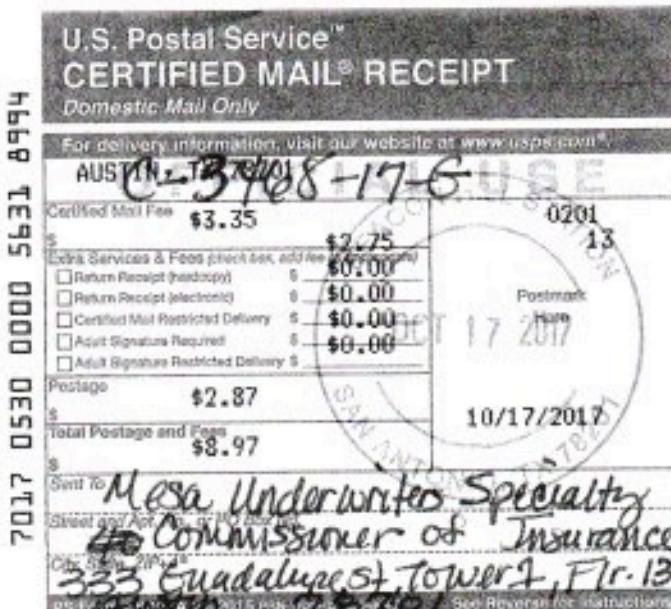
BEFORE ME, a Notary Public, on this day personally appeared Raul M. Davila , known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are within his or her personal knowledge and are true and correct.

SUBSCRIBED AND SWORN TO ME ON Oct. 21, 2017



  
Grace Dicata  
Notary Public, State of Texas

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Complete Items 1, 2, and 3.</li> <li><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by <b>RECEIVED</b> Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;"><b>TEXAS DEPT. OF INSURANCE MAIL SERVICES</b></p>	
<p>1. Article Addressed to:</p> <p><i>Commissioner of Insurance 333 Guadalupe Street Tower One, Floor 13 Austin, TX 78701</i></p> <p></p> <p>9590 9402 3081 7124 7543 32</p> <p>2017 0530 0000 5631 8994</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery 500</p>	
<p>PS Form 3811, July 2015 P&amp;N 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	



**NOTICE: Pursuant to TRCP 126: Statement of Inability to Afford Payment  
of Court Costs or an Appeal Bond filed = NO**

**C-3468-17-G**

**370TH DISTRICT COURT, HIDALGO COUNTY, TEXAS  
CITATION**

**THE STATE OF TEXAS**

**NOTICE TO DEFENDANT:** You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty (20) days after you were served with this citation and petition, a default judgment may be taken against you.

**MESA UNDERWRITERS SPECIALTY INSURANCE COMPANY  
40 WANTAGE AVENUE  
BRANCHVILLE, NJ 07890**

**BY SERVING ITS REGISTERED AGENT:**

**COMMISSIONER OF INSURANCE  
333 GUADALUPE STREET, TOWER ONE, FLOOR 13  
AUSTIN, TEXAS 78701**

You are hereby commanded to appear by filing a written answer to the **PLAINTIFF'S ORIGINAL PETITION** on or before 10:00 o'clock a.m. on the Monday next after the expiration of twenty (20) days after the date of service hereof, before the **Honorable Noe Gonzalez, 370th District Court** of Hidalgo County, Texas at the Courthouse at 100 North Closner, Edinburg, Texas 78539.

Said petition was filed on this the 1st day of August, 2017 and a copy of same accompanies this citation. The file number and style of said suit being **C-3468-17-G, SUK BIN KIM VS. MESA UNDERWRITERS INSURANCE COMPANY, REUBEN QUINTERO**

Said Petition was filed in said court by Attorney ROBERT ANDREW POLLON, 16500 SAN PEDRO SUITE 302 SAN ANTONIO TX 78232.

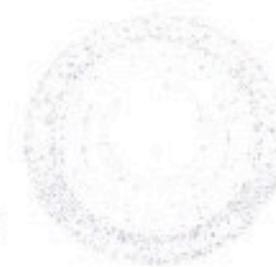
The nature of the demand is fully shown by a true and correct copy of the petition accompanying this citation and made a part hereof.

The officer executing this writ shall promptly serve the same according to requirements of law, and the mandates thereof, and make due return as the law directs.

**ISSUED AND GIVEN UNDER MY HAND AND SEAL** of said Court at Edinburg, Texas on this the 10th day of October, 2017.

**LAURA HINOJOSA, DISTRICT CLERK  
100 N. CLOSNER, EDINBURG, TEXAS  
HIDALGO COUNTY, TEXAS**

**KIMBERLY HINOJOSA, DEPUTY CLERK**



**C-3468-17-G**  
**OFFICER'S RETURN**

Came to hand on \_\_\_\_\_ of \_\_\_\_\_, 201\_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_.m. and executed in \_\_\_\_\_ County, Texas by delivering to each of the within named Defendant in person, a true copy of this citation, upon which I endorsed the date of delivery to said Defendant together with the accompanying copy of the \_\_\_\_\_ (petition) at the following times and places, to-wit:

NAME	DATE	TIME	PLACE

And not executed as to the defendant, \_\_\_\_\_ the diligence used in finding said defendant, being: \_\_\_\_\_ and the cause of failure to execute this process is: \_\_\_\_\_ and the information received as to the whereabouts of said defendant, being: \_\_\_\_\_. I actually and necessarily traveled \_\_\_\_\_ miles in the service of this citation, in addition to any other mileage I may have traveled in the service of other process in the same case during the same trip.

Fees: serving ... copy(s) \$\_\_\_\_\_  
miles .....\$\_\_\_\_\_

---

**DEPUTY**

**COMPLETE IF YOU ARE PERSON OTHER THAN A SHERIFF,  
CONSTABLE OR CLERK OF THE COURT**

In accordance to Rule 107, the officer or authorized person who serves or attempts to serve a citation must sign the return. If the return is signed by a person other than a sheriff, constable or the clerk of the court, the return must either be verified or be signed under the penalty of perjury. A return signed under penalty of perjury must contain the statement below in substantially the following form:

"My name is \_\_\_\_\_, my date of birth is \_\_\_\_\_ and the address is \_\_\_\_\_, and I declare under penalty of perjury that the foregoing is true and correct.

EXECUTED in \_\_\_\_\_ County, State of Texas, on the \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_.

---

**Declarant"**

---

If Certified by the Supreme Court of Texas  
Date of Expiration / SCH Number

CAUSE NO. C-3468-17-G

Suk Bin Kim	§	IN THE COURT OF
	§	
Plaintiff,	§	
VS.	§	HIDALGO COUNTY, TEXAS
	§	
Mesa Underwriters Insurance Company, Reuben	§	
Quintero	§	
Defendant.	§	370TH DISTRICT COURT

AFFIDAVIT OF SERVICE - CERTIFIED MAIL

On this day personally appeared Raul M. Davila who, being by me duly sworn, deposed and said:

"The following came to hand on Sep 09, 2017, 03:45 pm,

PLAINTIFF'S ORIGINAL PETITION, REQUESTS FOR DISCLOSURES, AND FIRST SET OF REQUESTS FOR PRODUCTION,

and was executed on 10/19/2017 by mailing to Mesa Underwriters Specialty Insurance Company by Serving its Registered Agent Commissioner of Insurance at 333 Guadalupe Street, Tower One, Floor 13, Austin, Texas 78701, by regular mail and by Certified Mail, Return Receipt Requested, Receipt No. 7017 0530 0000 5631 8994, a true copy of this citation.

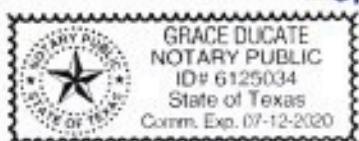
The regular mail envelope was not returned. PS Form 3811 was returned on 10/21/2017 having been Signed on 10/19/2017 and is attached hereto.

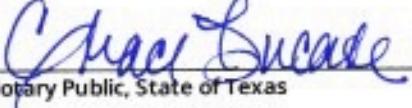
I am a person over eighteen (18) years of age and I am competent to make this affidavit. I am a resident of the State of Texas. I am familiar with the Texas Rules of Civil Procedure as they apply to service of Process. I am not a party to this suit nor related or affiliated with any herein, and have no interest in the outcome of the suit. I have never been convicted of a felony or of a misdemeanor involving moral turpitude. I have personal knowledge of the facts stated herein and they are true and correct."

  
Raul M. Davila  
SCH-11624 Exp. 08/31/2018

BEFORE ME, a Notary Public, on this day personally appeared Raul M. Davila , known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are within his or her personal knowledge and are true and correct.

SUBSCRIBED AND SWORN TO ME ON Oct. 21, 2017



  
Grace Dicata  
Notary Public, State of Texas

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Complete Items 1, 2, and 3.</li> <li><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by <b>RECEIVED</b> Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;"><b>TEXAS DEPT. OF INSURANCE MAIL SERVICES</b></p>	
<p>1. Article Addressed to:</p> <p><i>Commissioner of Insurance 333 Guadalupe Street Tower One, Floor 13 Austin, TX 78701</i></p> <p></p> <p>9590 9402 3081 7124 7543 32</p> <p>2017 0530 0000 5631 8994</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery 500</p>	
<p>PS Form 3811, July 2015 P&amp;N 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

